INITIAL APPLICATION FOR DEBT MANAGEMENT LICENSE

Attachments and Instructions

General Instructions:

PLEASE NOTE - INCOMPLETE APPLICATIONS MAY BE RETURNED UNPROCESSED

- 1. Complete the subsequent application and attachments. In addition, the following items are required to be filed along with the application.
- 2. Bond Requirement: Please submit **ONE** of the following:
 - FIS 0508 Debt Management Surety Bond for Licensee or
 - FIS 0509 Debt Management Deposit of Cash or Securities in Lieu of Bond
- 3. If Applicant's Trust Account is to be maintained by a financial institution outside of Michigan, FIS 0517 Alternative Bond in Lieu of Michigan Based Trust Account MUST also be completed.
- 4. Articles of Incorporation, Articles of Organization or Partnership Agreement. Include Assumed Name Certificate, if applicable.
- 5. Credit Report of the firm.
- 6. Applicant's budget analysis, debt management contract and creditor agreement forms that contain information specified in Section 12, 13 and 14 of the Debt Management Act, P.A. 148 of 1975, as amended
- 7. Fee Schedule (must be in accordance with Section 18 of the Act)
- 8. Certificate of Authority to conduct business in Michigan as a corporation, partnership or limited liability company. Certificates are available by contacting the Corporations Division by calling 1-517-241-6470 or www.michigan.gov/corporations. If you are a sole proprietor, submit a Certificate of Assumed Name (DBA). DBA Certificates can be obtained by contacting your local County Clerk's office.

Questions pertaining to the completion of this Application may be directed to the Debt Management Licensing Section at 1-877-999-6442.

SEND COMPLETED FILING AND FEES TO:

Via Regular Mail Office of Financial and Insurance Services Securities Section P.O. Box 30701 Lansing, MI 48909

Via Overnight Delivery Office of Financial and Insurance Services Securities Section 611 West Ottawa Street, 3rd Floor Lansing, MI 48933



FIS 0506 (9/04) Office of Financial and Insurance Services

INITIAL APPLICATION FOR DEBT MANAGEMENT LICENSE

This form is required pursuant to Debt Management Act, P.A. 148 of 1975, as amended. Failure to file will cause denial of application.

Applicant's Name	Firm's Fiscal Year End		
Applicant's Home Office Address			
City	State	ZIP Code	Telephone Number ()
Contact Person	Title		Fax Number ()
ADDITIONAL OFFICES (Attack additional page(s) in	f nagacan)		
ADDITIONAL OFFICES (Attach additional page(s), in ADDRESS	i necessary)	PHONE NUMBER	MANAGER
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Type of Business Entity (check one only):			
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Sole Proprietorship. Give name and home add			
Partnership. Attach list of partners, showing na	ames, home a	ddresses, and whether gene	ral or limited partner.
Corporation. Attach a list of officers, members of interest held directly or otherwise.	and directors,	showing names, home addr	esses, position held and percentage
Limited Liability Company or Unincorporated positions held and percentage of interest held di			giving names, home addresses,

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Indicate whether the applicant, its general partners, members or managers or any of the officers or directors:			
dividend, or other finar	oes not apply to directors or their equivalent if he or she does not receive a salary, stock notial benefit from the corporation or equivalent entity, other than reimbursement of the actual carrying out the duties of a director of that corporation or equivalent entity.)		
☐ YES ☐ NO	Has been convicted of a crime involving moral turpitude which includes forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to default or any other like offenses.		
□ YES □ NO	2. Has been the subject of an order by the Office of Financial and Insurance Services for violating or failing to comply with a provision of the Act, Rules, or an Order promulgated or issued under the Act.		
☐ YES ☐ NO	3. Has had a license to engage in the business of debt management revoked or suspended for any reason other than failure to pay the licensing fees in this state or in another state.		
□ YES □ NO	Has ever defaulted in the payment of money collected for others including the discharge of debts through bankruptcy proceedings.		
☐ YES ☐ NO	5. Is associated with any other debt management business entity. If yes, please give the name and address of the business on Schedule A.		
□ YES □ NO	Is operating a collection agency or affiliated with one. If yes, please give the name and address of the agency on Schedule A.		
\square YES \square NO	7. Is not at least 18 years of age and a citizen of the United States.		
□ YES □ NO	8. Is a partnership, corporation, limited liability company or association which has not been granted a certificate of authority to do business in this state.		
□ YES □ NO	9. Is engaged in any other business professions besides debt management. If yes, state nature and locations on Schedule A.		
If you have answered "yes" to any of the above, please attach complete details.			
The undersigned,the following application	, being first duly sworn, deposes and says: That I have executed for and on behalf of the applicant named therein; that I am (Officer, Partner, Member or Sole Proprietor)		
of such applicant and full	ly authorized to execute and file such application; that I am familiar with such application; and that to the iformation and belief the statements made in such application are true and the documents submitted		
	me that any misrepresentation or false statements or fraud in or in connection with this application shall be the license issued thereon, in addition to any other action and/or penalty to which I may be subject.		
Date:	(Name of Applicant)		
	By: (Name and Title)		